

Nurses' Progress Notes

4/21/09 #15: pt cont on vent
PR weaned to move to extubation
O₂ sat 100% EtCO₂ 30S-40S BS
Clear to cough s/n yellow white
Secretions 2-3° prn. (P) cont to
monitor Resp status s/n as
needed cont vent wean to
extubate pt. #25: pt neuro v's
90° pt moving all extrem & bilat
equal strength. Pupils equal &
reactive. Ophthalmology @ bedside
to assess Retina. Bone survey
ordered when pt extubated.
mom & dad @ bedside updated on
plan of care, responding appropriately
to situation. (P) cont to monitor
neuro status for any Ds keep
pt on antiepi meds. Obtain scan
when available. ——— KTAU/07

4/22/09 0130 #15: Pt on RA & upper airway
intubation, good air movement through hst,
O₂ sat > 90%. NP s/n for moderate thin
white secretions. Breath sounds clear &
NP s/n. P: Cont s/n prn, racemiz
epi available as needed for stridor. #28:
Pt taking PO Simlac, agitated appropriately
for food, good suck & pacifier & bottle. Moving
arms and legs. Parents held pt, but pt
appeared agitated (crying, moving around
constantly) and pt placed back in bed.
Pupils equal & reactive to light, 3 to 4 mm.
P: Bone survey in am. Neuro v's 20°. ———
MT/Barkley

0555 Rash (pink, raised, splotchy)
noticed on chest during Fosphenytoin administration
all of med had been received (at this time).
MT notified, & examined pt. 0 new orders
at that time. Plan for medical team to
discuss on am rounds. MED0926

Total 2400 0100 0200 0300 0400 0500 0600 0700 8 hr Total

12 30/100 30/190 30/120 30/150 30/180 30/210 30/240 240
 5 100 Swirl 90 10 14 150 110 100 200

TOTAL INTAKE >

2400 0100 0200 0300 0400 0500 0600 0700 440

7 20 55/15 50/125 40/185 50/135 135 907
 4 2 100 140/82 82

24°

TOTAL OUTPUT >

217 549

Room Check

0700 - 1900

1900 - 0700

BAG / MASK / SUCTION / DRUG SHEET

UT

MKB

SIDE RAILS / BED POSITION

107

MKB

Alarm Parameters ON

14

MKB

2 RN Signatures to
verify IV Drip rates

0700

1900

MED0918

		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
VENTILATION	O ₂ SOURCE	BENTO				BENTO				NC											
	FIO ₂	30				30				115L											
	MODE	SIMV				CPAP															
	RATE (IMV)	28				V18 V12															
	TV	60																			
	PIP	5																			
	PEEP	5																			
	PS	10																			
	SaO ₂ (PULSE OX)																				
	ETCO ₂																				
	pH																				
	PCO ₂																				
	PO ₂																				
	HCO ₂																				
	BE																				
Art O ₂ Sat (calc)																					
Art O ₂ Sat (dir.)																					
VEN O ₂ Sat (dir.)																					
NEB/CPT																					
SUCTION	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	✓	✓	✓	✓	

Excluded 10/15

		CHILD/ADOLESCENT		INFANT		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400		
GLASGOW COMA SCALE	EYES	4 Spontaneous 3 Open to Speech 2 Open to Pain 1 Remain Closed		4	2	2	1	2	4	2	2			4		4		2		2			3	
	VERBAL	5 Oriented 4 Confused 3 Words 2 Sounds Only 1 No Response	Coos/Babbles Irritable Cry Cries to Pain Moans to Pain	ETT	ETT									5		5		4/5		4			4	
	MOTOR	6 Obeys Commands 5 Localizes Pain 4 Withdraws 3 Abnormal Flexion 2 Extension 1 No Response	Spontaneous Movement Withdraws to Touch Withdraws to Pain			6	6	6	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
			SEDATED Y / N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	
			TOTAL	11	9	9	7	9	11	9	9	15	15	12	12	12	12	12	12	12	12	12	13	
NEURO	PUPILS	RIGHT: Size/Reaction LEFT: Size/Reaction	R L	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	3R 3R	
	Fontanelle:	FI - Flat Fu - Full B - Bulging T - Tense S - Sunken		FI	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	FU	
	ARMS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	
	LEGS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4		
	COUGH / GAG		+ OR -	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
	SUCK / SWALLOW		+ OR -	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
	PAIN SCALE	circle method:		cries / faces / flacc / linear																				
				cries / faces / flacc / linear																				
				cries / faces / flacc / linear																				

System Assessed, No Problem Identified

1. Respirations:

Shallow

Labored

Nasal Flaring

Stridor

Grunting

Percussion

MED0919

TIME 0800

INIT 16T

4122

[illegible]

Reference Range for unit based lab tests		
Accucheck: 70-100 mg/dl		
URINE DIPSTICK		
glucose	-	negative
bilirubin	-	negative
ketone	-	negative
blood	-	negative
ph	=	5.0-8.0
protein	-	neg.-trace
sp. gravity -1.001-1.035		
occult blood in stool	-	negative
occult blood in gastric content	-	negative

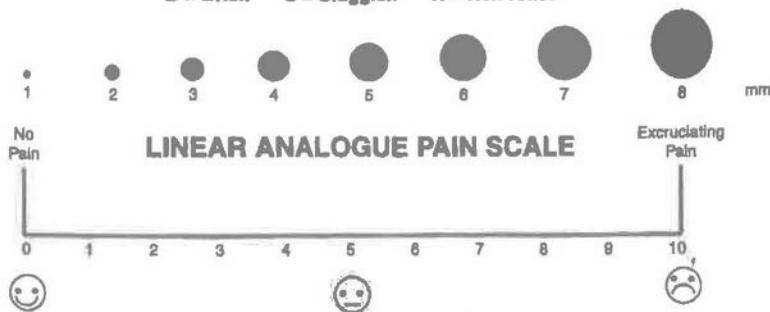
0 0400 0500 0600 0700

3	1
4	4
6	6
N	N
13	11
3B	4B
3B	4B
Fy	Fy
5	5
5	5
4	4
4	4
	Fr
	Fr

s / flacc / linear

[illegible]

B = Brisk S = Sluggish N = Non-react

RN
RN

11/11
MKB

Date 4/21/07

**INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet**

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0700-1900
INITIAL

1900-0700
INITIAL

MED0920

unlabored mpt

RESPIRATORY

4. Breath Sounds: Right side 1.5 Left side 1.5

1. Clear 2. Crackles 3. Inspiratory wheezes 4. Exp. wheezes 5. Rhonchi 6. Stridor
7. Diminished 8. Absent

5. Chest Tubes: Type of Device _____ CM suction _____ ☐ Water Seal
Location _____ ☐ Tidaling ☐ Air leak _____ ☐ Straight Drainage
Character of Drainage ☐ Serous ☐ Sero Sanguinous ☐ Sanguinous ☐ Cloudy

Comment _____

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT 167

1. Heart Rhythm: ☒ NSR ☐ Sinus Brady ☒ Sinus Tachycardia at times
☐ SVT ☐ Ventricular Dysrhythmia ☐ Junctional/Nodal
Pacemaker: ☐ Temporary ☐ Permanent ☐ Transvenous ☐ Epicardial
☐ Transcutaneous Mode _____ Rate _____
MA: AO _____ VO _____ Sensitivity A _____ V _____ AV Delay _____

2. Pulse: 0-Absent 1 Weak 2 Normal 3 Bounding
D-Doppler

Pulse	B	R	F	DP	PT	Carotid
R		12	12			
L		12	12			

CAPILLARY REFILL IN SECONDS

CFT: RUE

RLE

LUE

LLE

3. Heart Tones: ☐ Active Precordium ☒ Normal ☐ Murmur
☐ Gallop ☒ Rub ☐ Distant PMI _____

4. Edema: ☐ Generalized ☐ Extremity ☐ Sacral ☐ Periorbital

5. Vascular Catheters:

Line Type	Location	Date of Insertion	Device	Site Condition
PIV	② Foot	4/20/09	Pump	C/P 1E
PIV	② Hand	4/20/09	Heel	C/P 1E

PA catheter _____ CM Insertion _____ CM Sheath _____

Comment _____

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT 167

1. Skin Turgor: ☐ Poor ☐ Taut elastic
2. Skin Temperature: ☐ Cool ☐ Clammy ☐ Diaphoretic ☒ Warm ☐ Hot
3. Skin Color: ☐ Pale ☐ Mottled ☐ Cyanotic ☒ Jaundiced ☒ Pink ☐ Red/Flushed

4. Rash/Lesions: Location / Type _____

5. Pressure Ulcers: Site _____ Site in cm _____

Stage: ☐ Red Area ☐ II Partial Thickness ☐ III Full Thickness ☐ Penetration to Muscle

Incision/Wounds/Drains:

location / Condition:

Comment _____

BRADEN SCALE:

Total Score: 18

15 - 16	Low Risk
12 - 14	Mod Risk
≤ 11	Hi Risk

CARDIOVASCULAR

INTEGUMENTARY

GI / GU

☐ System Assessed, No Problem IdentifiedTIME 0800 INIT 167

1. Abdominal Palpitation: ☒ Soft ☐ Firm ☐ Distended ☐ Tender ☐ Rigid ☐ Girth _____
2. Bowel Sounds: ☒ Active ☐ Hyperactive ☐ Hypoactive ☐ Absent
3. Gastric Tube: Type OG Size 16Fr Measures (cm) _____ ☐ To suction ☐ To gravity drainage ☐ Feeding (intermittent/continuous)
Type _____ Size _____ Measures (cm) _____ ☐ To suction ☐ To gravity drainage ☐ Feeding (intermittent/continuous)
drainage: color _____ gulae _____
4. Urine Catheter: ☐ External ☐ Suprapubic ☒ Indwelling size 8Fr Date inserted 4/20/09 disposed
color _____ ☐ Cloudy ☐ Sediment ☐ Fruity Smell ☐ Foul Smell

Comment _____

MED0921

free 1. P 5xh u. tridor CR monitor INIT MKB NO PROBLEM agree free agree free free t C V monitor INIT MKB NO PROBLEM agree 3 agree 5 min.	NUTRITION	Diet: <u>NPD</u>	<u>KA</u>	<u>MKB</u>
		Formula:		
		<input type="checkbox"/> NG <input type="checkbox"/> ND/NJ <input type="checkbox"/> GT <input type="checkbox"/> po		
		<input type="checkbox"/> Total feed <input type="checkbox"/> Needs assistance <input type="checkbox"/> Feeds self		
	ALLERGIES	<u>NKDA</u>	<u>KA</u>	<u>MKB</u>
	PSYCHOSOCIAL	<input type="checkbox"/> Communications Barrier <input type="checkbox"/> Unable to assess: <input type="checkbox"/> Pt. <input type="checkbox"/> Family <input type="checkbox"/> Coping ineffective: <input type="checkbox"/> Pt. <input type="checkbox"/> Family <input type="checkbox"/> Fears: Pain <input type="checkbox"/> Pt. <input type="checkbox"/> Family Dying <input type="checkbox"/> Pt. <input type="checkbox"/> Family Being Alone <input type="checkbox"/> Pt. <input type="checkbox"/> Family <input type="checkbox"/> Emotional State: Anxious <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Family <u>KA</u> <u>MKB</u> Agitated <input checked="" type="checkbox"/> Pt. <input type="checkbox"/> Family <u>KA</u> <u>MKB</u> Tearful/Crying <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Family <u>KA</u> <u>MKB</u> Euphoric <input type="checkbox"/> Parents: <input type="checkbox"/> Called <input checked="" type="checkbox"/> Visited <u>KA</u> <u>MKB</u> <input type="checkbox"/> Pt/Parent Teaching <input type="checkbox"/> Return demonstration Comments:		
	NURSING CARE / PROCEDURES	TRANSDUCERS: level / calibrated Activity: <input checked="" type="checkbox"/> total care <input type="checkbox"/> need assistance <input type="checkbox"/> self care <u>KA</u> <u>MKB</u> HOB: <input type="checkbox"/> flat <input type="checkbox"/> 30° <input type="checkbox"/> 45° <input type="checkbox"/> 90° <u>KA</u> <u>MKB</u> <input type="checkbox"/> other <u>KA</u> <u>MKB</u> Bedrest / Turn Q2° <u>KA</u> <u>MKB</u> Chair / HELD Ambulate <input type="checkbox"/> on own <input type="checkbox"/> with assist ROM Protective Device / RELEASE Q2° Seizure Precautions HYGIENE: Bath Oral Hygiene <u>KA</u> <u>MKB</u> Peri / Foley Care <u>KA</u> <u>MKB</u> Skin Care <u>KA</u> <u>MKB</u> Gastric Tube Care Feeding Bag Rinsed / Changed Trach Care / Trach Changed Cervical Collar Site Care Line Tubing Changed / Injection Cap Changed <u>KA</u> Carrier System Changed IV Started / Location PREP for test or procedure x ray other NURSING CARE > 16 hrs day <u>KA</u> <u>MKB</u>		

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
page 4 of 4

RN KA RN MKB
Date 4/21/09

08
G KA FH 37373672
ACCT STRT
4M M ADM
04305493
PADM
W N

MED0922

4/20/09

Height

125 cm

Head Circ
Infants under 2 yrs

43.5 cm

tt/Trach size
sifted/unsifted

Taped at

When placed

Retaped on

0700	0800	0900	1000	1100	1200	1300	1400	1500
------	------	------	------	------	------	------	------	------

The graph displays physiological data on a grid. The vertical axis (y-axis) is labeled with various measurements: BP (250), Art (200), Cuff (150), RESP ° (100), HR (50), and Temp ° (0). The horizontal axis (x-axis) is labeled with MABP, CUFF MEAN, and PAIN SCALE (1-10). Data points are plotted as dots, with some marked by arrows. Handwritten numbers 77, 74, and 75 are written along the bottom axis.

Measurement	Value
BP	250
Art	200
Cuff	150
RESP °	100
HR	50
Temp °	0
MABP	77, 74, 75
CUFF MEAN	77, 74, 75
PAIN SCALE (1-10)	77, 74, 75

A grid with a horizontal line. The top edge of the grid is labeled with numbers from 1600 to 2300 in increments of 100. A horizontal line is drawn across the grid at approximately the 10th row from the top. Handwritten labels 'A' and 'B' are placed above the line, with 'A' at approximately 2050 and 'B' at approximately 2250.

1600 1700 1800 1900 2000 2100 2200 2300

A hand-drawn graph on a grid showing the relationship between the number of fish and the number of fish caught. The x-axis is labeled "Number of fish" and the y-axis is labeled "Number of fish caught". Data points are plotted as dots, and a line of best fit is drawn through them. The line starts at the origin (0,0) and passes through approximately (10, 10), (20, 20), (30, 30), (40, 40), (50, 50), (60, 60), (70, 70), (80, 80), (90, 90), and (100, 100).

0800	0900	1000	1100	1200	1300	1400	1500
------	------	------	------	------	------	------	------

HEMODYNAMICS	CVP							
	LAP							
	PAS / PAD							
	MPAP							
	PCWP							
	SVO ₂							
	EtCO ₂							
	O ₂ Sat	99	99	99	100	99	99	100
	ICP							
	CPP							
IPS								

1600 1700 1800 1900 2000 2100 2200

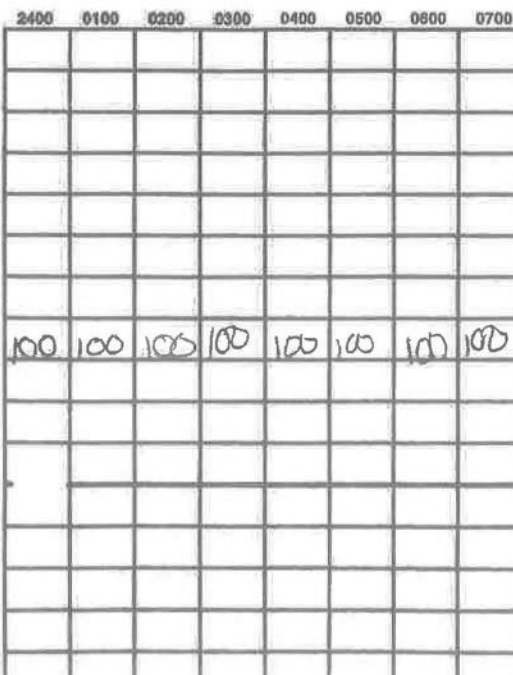
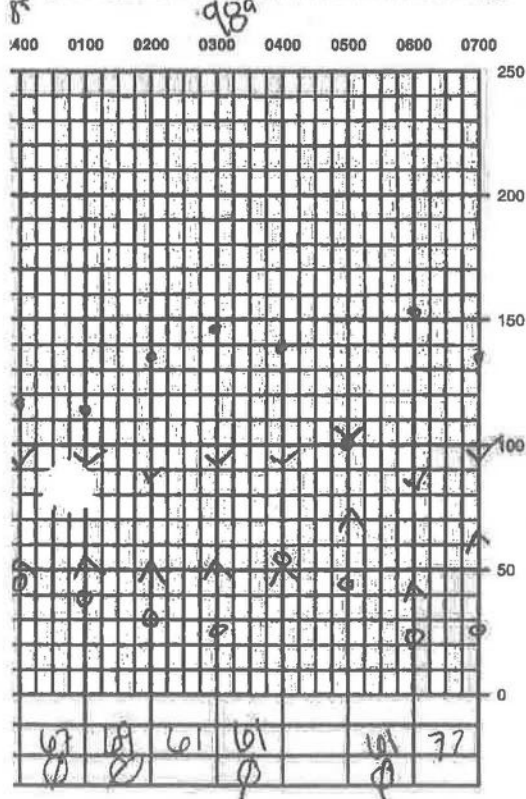
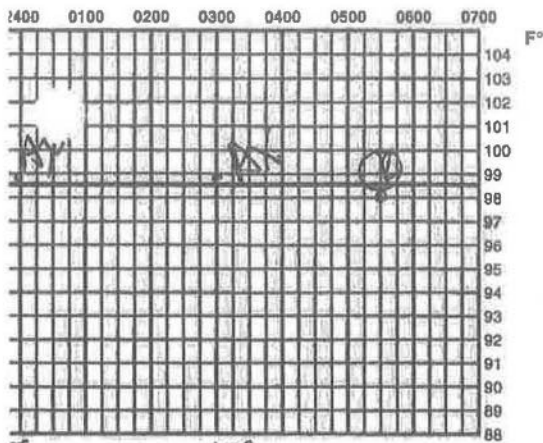
100 100 100 100 100 100

MED0923

**INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet**

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Date 4/22/09



Nurses' Progress Notes

NPN 12:40 5#2) Pt demonstrated (R) foot jerking
 p PIV removed x 1-2 min. ^{in response to leg pt.} ^{test was minimal,}
 stopped when foot elevated by PT. ^{Dr. Agnew}
 1255 5#2) Dr. Agnew in to see pt 20 (R) side
 mouth & rhythmic twitching stopped p
 1-2". EEG tech here to attach electrodes +
 perform EEG. Radiology aware of need for
 skeletal survey. ^{Dr. Agnew}

1335-5#2) Sengue started (R) lip & cheek progressed
 to (R) arm + (R) leg then demonstrated (R) eye
 deviation x 2 ^{1st 1/2 sec evidence} ^{Ativan given} Dr. Agnew
 in to see pt. ^{Dr. Agnew}

(2035) Pt @ room twitchy HR ↑ - Ativan given
 pt @ room twitchy stopped p med cont to assess
 for seizures ^{Dr. Edwards}

(2035) Dr. Agnew - Neurology @ bedside.
 to talk to dad about pt plan - dad ver-
 balized understanding of plan to
 cont c. Neuro and lorphenolol and
 Dilantin level 10 p base Dr. Bakus
 in room as well to update family
 dad continues to verbalize under-
 standing of plan cont to assess
 pt and family needs - ^{Dr. Edwards}

(2230) Pt @ bedside twitches and (R) leg twitch
 Dr. Bakus aware - Ativan given pt (R) leg
 twitching stopped but cont to have (R) facial
 twitching ^{Dr. Edwards}

(2320) Pt cont to twitch p 1st dose of ativan
 per Dr. Bakus - second dose of 0.7mg of
 Ativan given - facial twitching stopped
 5 dose - Dr. Bakus @ bedside to assess pt
 and Dr. Grundl @ bedside as well -
 Dr. Grundl spoke to mom about pt plan
 and prognosis - mom very upset after
 conversation & MD attempted to comfort
 mom p MD left but still upset and
 crying - will continue to assess family
 and patient needs ^{Dr. Edwards}

D = mmHg
Previous 24°

Today's Weight

Yesterday's Weight

6.8 kg

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet

page 1 of 4

RN
RN

Date 4/22/09

Assistive Devices

- T - TEDS
- A - Air Mattress
- S - Splints
- C - Compression Device

04305493
ADM
04/20/09

4M M
FH 37373672
ACCT STRT
08

CAT #81213 / RS-01 • PKG

INTAKE

	0800	0900	1000	1100	1200	1300	1400	1500	8 hr Total	1600	1700	1800	1900	2000	2100	2200
DENS	30/30	15/45	15/60	15/75	15/90	30/170	30/150	-	150	30/30	30/100	30/90	30/120	30/150	30/180	30/210
Similar PD 20	60/60		60/120		60/180	30/210			280							
Mecks														2/3		

OUTPUT

	0800	0900	1000	1100	1200	1300	1400	1500	TOTAL INTAKE >	1600	1700	1800	1900	2000	2100	2200
URINE	250/60	135/195	20/215		125/340			142/182	360	42/142				40/102	44/196	
STOOL/GUAIAC																
GASTRIC GUAIAC/PH																
CHEST TUBE																

PRN MEDS

	0800	0900	1000	1100	1200	1300	1400	1500	TOTAL OUTPUT >	1600	1700	1800	1900	2000	2100	2200
Tylenol			100mg 10:00					100mg 15:15	482			100mg 19:05				
Ativan					0.7mg 13:45			0.7mg 15:15	-122	0.7mg 16:50		0.7mg 18:35	0.7mg 19:10	0.7mg 20:05	0.7mg 21:00	0.7mg 22:00
Fosphenytoin								70mg 15:30						70mg		
Kappa																
Phendol																

MISC

HEPARIN FLUSH																
OXIMETRY PROBE SITE																
ACCUCHECK																
HWE/C	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
PROTECTIVE / SAFETY DEVICE																
CIRC CHECK	✓				✓					✓				✓		✓
ASSISTIVE DEVICE																

MED0925

0.080 0.7 _{xy}	0.080 0.7 _{xy}	0.085 0.7 _{xy}	0.090 0.7 _{xy}	0.090 0.7 _{xy}	0.090 0.7 _{xy}	0.090 0.7 _{xy}
0.010 140 _{xy}						0.045 40 _{xy}
Na		Na				
✓	✓	✓	✓	✓	✓	✓
✓		✓		✓		✓

972 break through sensory activity
 (0400) Pt = facial twitch, both eyes to left & Cereb
 twitch noted - Atrial v2 qus - sz resolved
 sent to obsess pt new status ~~PP Edwards~~
 see progress notes for further
 nursing notes — ~~PP~~

Room Check	0700 - 1900	1900 - 0700
BAG / MASK / SUCTION / DRUG SHEET	<i>ez</i>	<i>ARE</i>
SIDE RAILS / BED POSITION	<i>ez</i>	<i>ARE</i>
Alarm Parameters ON	<i>ez</i>	<i>ARE</i>
2 RN Signatures to verify IV Drip rates		
0700 ①	/	
1900 ①		

		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	
VENTILATION	O ₂ SOURCE						NC	NC							NC				NC		
	FiO ₂	RA					21.3%	21							21.3%				21.3%		
	MODE																				
	RATE (IMV)																				
	TV																				
	PIP																				
	PEEP																				
	PS																				
	SaO ₂ (PULSE OX)																				
	ETCO ₂																				
	pH																				
	PCO ₂																				
	PO ₂																				
	HCO ₂																				
	BE																				
Art O ₂ Sat (calc)																					
Art O ₂ Sat (dir.)																					
VEN O ₂ Sat (dir.)																					
NEB/ CPT																					
SUCTION																					

		CHILD/ADOLESCENT		INFANT		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100
GLASGOW COMA SCALE	EYES	4 Spontaneous 3 Open to Speech 2 Open to Pain 1 Remain Closed		4														1		1			4
	VERBAL	5 Oriented 4 Confused 3 Words 2 Sounds Only 1 No Response	Coos/Babbles Irritable Cry Cries to Pain Moans to Pain	4														4		4			4
	MOTOR	6 Obeys Commands 5 Localizes Pain 4 Withdraws 3 Abnormal Flexion 2 Extension 1 No Response	Spontaneous Movement Withdraws to Touch Withdraws to Pain SEDATED Y/N	6														6		6			6
	TOTAL			14														11		11			14
	PUPILS	RIGHT: Size/Reaction LEFT: Size/Reaction	R L	3B 3B														3B 3B		3B 3B			3B 3B
Fontanelle: FI - Flat Fu - Full B - Bulging T - Tense S - Sunken			FU															FU		FU			FU
NEURO	ARMS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4													4 4		4 4			4 4
	LEGS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4													4 4		4 4			4 4
	COUGH / GAG		+ OR -	+/-														+/-		+/-			+/-
	SUCK / SWALLOW		+ OR -	+/-														+/-		+/-			+/-
	PAIN SCALE	circle method:		cries / faces / flacc / linear															cries / faces / flacc / linear				
<input type="checkbox"/> System Assessed, No Problem Identified 1. Respirations: <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Nasal Flaring <input checked="" type="checkbox"/> Stridor (wheezing) <input type="checkbox"/> Grunting <input type="checkbox"/> Periodic																							

MED0927

TIME 09:00 INIT. [Signature]

TIME 12410

Glu	174
-----	-----

BUN 4

Creast 0.2

Na 142

K

CI	108
----	-----

CO ₂	1.2
-----------------	-----

ICA	05
-----	----

Hgb

Het

Pits

WBC

PT

PTT

Glu	Ket
Sg	pH
bid	prot

[illegible]

Accucheck: 70-100 mg/dl

URINE DIPSTICK

glucose	→	negative
---------	---	----------

bilirubin	-	negative
-----------	---	----------

ketone	-	negative
--------	---	----------

blood	-	negative
-------	---	----------

ph	—	5.0-8.0
----	---	---------

protein	-	neg.-trace
---------	---	------------

sp. gravity -1.001-1.035

occult blood

In stool	-	negative
----------	---	----------

occult blood
in gastric

content - negative

RN RN

張

Date 9/10/21

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**INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet**

MED0928

0700-1900 INITIAL	1900-0700 INITIAL
----------------------	----------------------

3. flaccid linear

INT IV ☐ NO PROBLEM

test on NC

RESPIRATORY

4. Breath Sounds: Right side 5 (bases) Left side 5 (bases) *good air movement*

1. Clear 2. Crackles 3. Inspiratory wheezes 4. Exp. wheezes 5. Rhonchi 6. Stridor
7. Diminished 8. Absent

5. Chest Tubes: Type of Device _____ CM suction _____ ☐ Water Seal
Location _____ ☐ Tidaling ☐ Air leak _____ ☐ Straight Drainage
Character of Drainage ☐ Serous ☐ Sero Sanguinous ☐ Sanguinous ☐ Cloudy

Comment continuous SpO2 monitoring

☐ System Assessed, No Problem IdentifiedTIME 0810 INIT 83

1. Heart Rhythm: ☒ NSR ☐ Sinus Brady ☐ Sinus Tachycardia *at times*
☐ SVT ☐ Ventricular Dysrhythmia ☐ Junctional/Nodal
Pacemaker: ☐ Temporary ☐ Permanent ☐ Transvenous ☐ Epicardial
☐ Transcutaneous Mode _____ Rate _____ Sensitivity A _____ V _____ AV Delay _____
MA: AO _____ VO _____

2. Pulses: 0-Absent 1 Weak 2 Normal 3 Bounding
D-Doppler

Pulse	B	R	F	DP	PT	Carotid
R		2		2		
L		2		2		

CAPILLARY REFILL IN SECONDS

CFT: RUE	2	LUE	2
RLE	2	LLE	2

3. Heart Tones: ☐ Active Precordium ☒ Normal ☐ Murmur ☐ Distant PMI _____
☐ Gallop ☐ Rub

4. Edema: ☒ Generalized (mild) ☐ Extremity ☐ Sacral ☐ Periorbital
☐ Other _____

5. Vascular Catheters:

Line Type	Location	Date of Insertion	Device	Site Condition
PIV	(R) Foot	4/20/09	Pump	benign
PIV	(R) hand	4/20/09	H.L'd	benign

PA catheter _____ CM Insertion _____ CM Sheath _____

Comment continuous C-R monitor

CARDIOVASCULAR

☐ System Assessed, No Problem IdentifiedTIME 0810 INIT 83

1. Skin Turgor: ☐ Poor ☐ Taut

2. Skin Temperature: ☐ Cool ☐ Clammy ☐ Diaphoretic ☒ Warm ☐ Hot

3. Skin Color: ☐ Pale ☐ Mottled ☐ Cyanotic ☐ Jaundiced ☒ Pink ☐ Red/Flushed

4. Rash/Lesions: Location / Type _____

5. Pressure Ulcers: Site _____ Site in cm _____
Stage: ☐ Red Area ☐ II Partial Thickness ☐ III Full Thickness ☐ Penetration to Muscle

SSS
BRADEN SCALE:Total Score: 22

15 - 16	Low Risk
12 - 14	Mod Risk
8 - 11	Hi Risk

Incision/Wounds/Drains: (L) knee warmer than (R) knee
location / Condition: _____
Comment _____☐ System Assessed, No Problem IdentifiedTIME 0810 INIT 83

1. Abdominal Palpitation: ☒ Soft ☐ Firm ☐ Distended ☐ Tender ☐ Rigid ☐ Girth _____

2. Bowel Sounds: ☐ Active ☐ Hyperactive ☐ Hypoactive ☐ Absent

3. Gastric Tube: Type _____ Size _____ Measures (cm) _____ ☐ To suction ☐ To gravity drainage ☐ Feeding (Intermittent/continuous)
Type _____ Size _____ Measures (cm) _____ ☐ To suction ☐ To gravity drainage ☐ Feeding (Intermittent/continuous)
drainage: color _____ guac _____

4. Urine Catheter: ☐ External ☐ Suprapubic ☒ Indwelling size 8 Fr Date inserted 4/20/09
color _____ ☐ Cloudy ☐ Sediment ☐ Fruity Smell ☐ Foul Smell

Comment diapured

GI / GU

MED0929

28/02	NUTRITION	Diet:		
		Formula: <i>Similac 20 kcal/oz</i>	<i>B</i>	<i>NPO/PB</i>
		<input type="checkbox"/> NG <input type="checkbox"/> ND/NJ <input type="checkbox"/> GT <input checked="" type="checkbox"/> po	<i>B</i>	<i>AS</i>
		<input checked="" type="checkbox"/> Total feed <input type="checkbox"/> Needs assistance <input type="checkbox"/> Feeds self	<i>B</i>	<i>AS</i>
	ALLERGIES	<i>NKDA</i>	<i>B</i>	<i>AS</i>
		<input type="checkbox"/> NO PROBLEM		
28/02	PSYCHOSOCIAL	<input type="checkbox"/> Communications Barrier		
		<input type="checkbox"/> Unable to assess: <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
		<input type="checkbox"/> Coping Ineffective: <input type="checkbox"/> Pt. <input type="checkbox"/> Family		
		<input checked="" type="checkbox"/> Fears:		
		Pain <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Family	<i>B</i>	<i>AS</i>
		Dying <input type="checkbox"/> Pt. <input type="checkbox"/> Family	<i>B</i>	<i>AS</i>
		Being Alone <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Family	<i>B</i>	<i>AS</i>
		<input type="checkbox"/> Emotional State:		
		Anxious <input type="checkbox"/> Pt. <input checked="" type="checkbox"/> Family	<i>B</i>	<i>AS</i>
		Agitated <i>at times</i> <input checked="" type="checkbox"/> Pt. <input type="checkbox"/> Family	<i>B</i>	<i>AS</i>
	Tearful/Crying <input checked="" type="checkbox"/> Pt. <input type="checkbox"/> Family	<i>B</i>	<i>AS</i>	
	Euphoric			
	<input type="checkbox"/> Parents: <input type="checkbox"/> Called <input checked="" type="checkbox"/> Visited	<i>B</i>	<i>AS</i>	
	<input checked="" type="checkbox"/> Pt/Parent Teaching <input type="checkbox"/> Return demonstration	<i>B</i>	<i>AS</i>	
	Comments:			
	NURSING CARE / PROCEDURES	TRANSDUCERS: level / calibrated		
		Activity: <input checked="" type="checkbox"/> total care <input type="checkbox"/> need assistance <input type="checkbox"/> self care	<i>B</i>	<i>AS</i>
		HOB: <input type="checkbox"/> flat <input checked="" type="checkbox"/> 30° <input type="checkbox"/> 45° <input type="checkbox"/> 90°	<i>B</i>	<i>AS</i>
		<input checked="" type="checkbox"/> other <i>High Falls Precautions</i>	<i>B</i>	<i>AS</i>
		Bedrest / Turn Q2°		
		Chair / HELD		
		Ambulate <input type="checkbox"/> on own <input type="checkbox"/> with assist		
		ROM		
		Protective Device / RELEASE Q2°		
		Seizure Precautions		
		HYGIENE: Bath		
		Oral Hygiene		
		Peri/Foley Care	<i>B</i>	<i>AS</i>
		Skin Care		
		Gastric Tube Care		
	Feeding Bag Rinsed / Changed			
	Trach Care / Trach Changed			
	Cervical Collar Site Care			
	Line Tubing Changed / Injection Cap Changed			
	Carrier System Changed			
	IV Started / Location			
	PREP for test or procedure			
	x ray <i>total body scan</i>	<i>B</i>	<i>AS</i>	
	other			
	NURSING CARE > 16 hrs day	<i>B</i>	<i>AS</i>	

NOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
 page 4 of 4
 RN *[Signature]*
 RN *[Signature]*
 Date *4/22/09*

W *[Signature]*
 N *[Signature]*
 04305493
 PADM
 04/20/09
 4M M FH
 37373672
 ACCT STRT

W
N
G
04305493
ADM
04/20/09
ACCT STRT
ADM
04/20/09

Admit Date

4/20/09

OR Date

Height

65cm

Head Circ

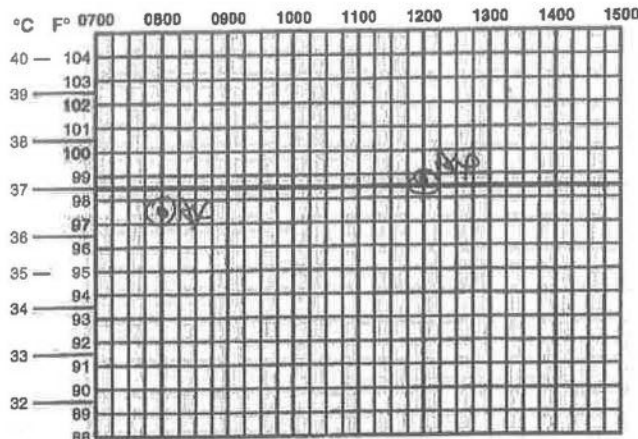
42.5cm

Trach size
cuffed/uncuffed

Taped at

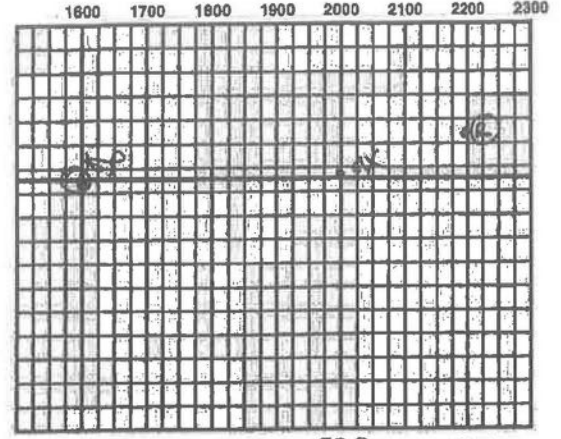
When placed

Retaped on



97.8

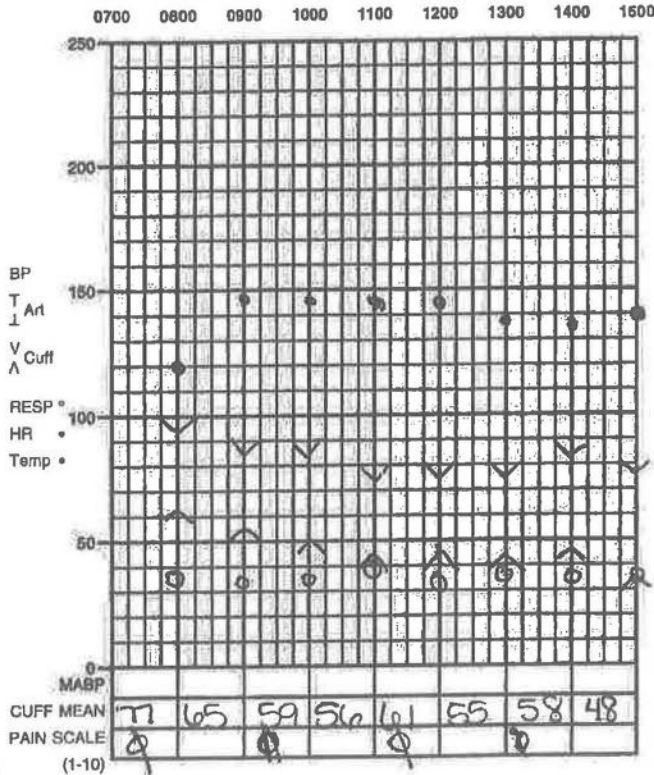
98.7



98.4

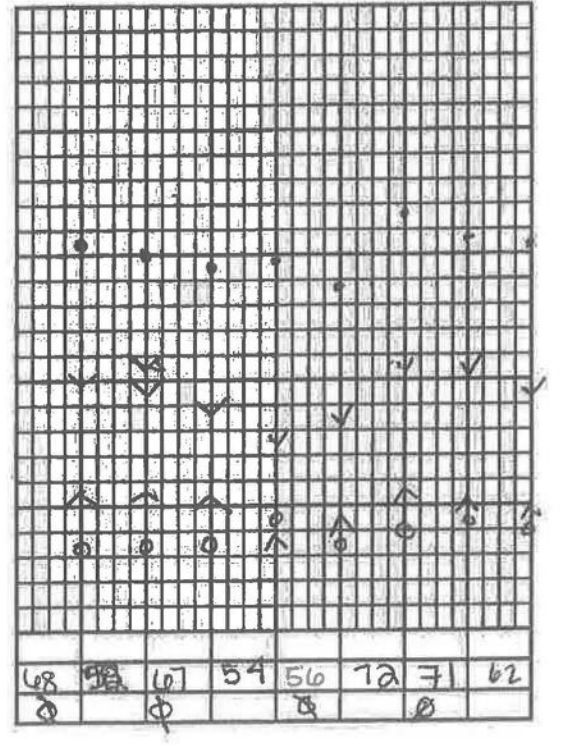
98.8

100.4



BP
T Art
V Cuff
RESP
HR
Temp
MASP
CUFF MEAN
PAIN SCALE (1-10)

71 65 59 56 61 55 58 48



68 92 67 54 56 72 71 62

	0800	0900	1000	1100	1200	1300	1400	1500
CVP								
LAP								
PAS								
PAD								
MPAP								
PCWP								
SVO ₂								
EtCO ₂								
O ₂ Sat	100	100	100	100	100	100	100	100
ICP								
CPP								

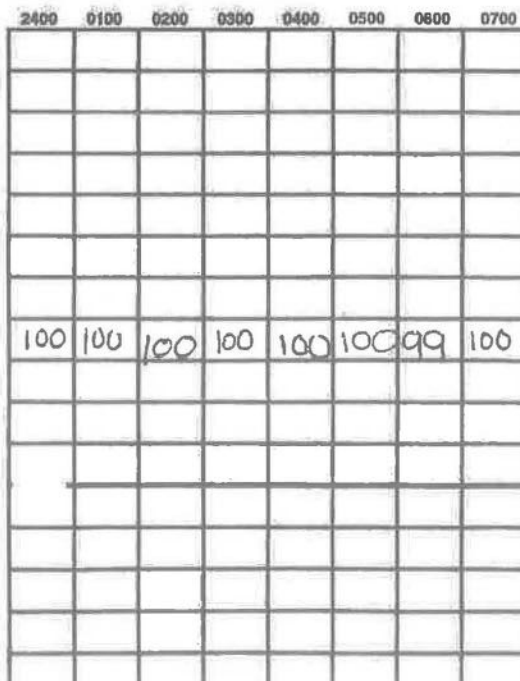
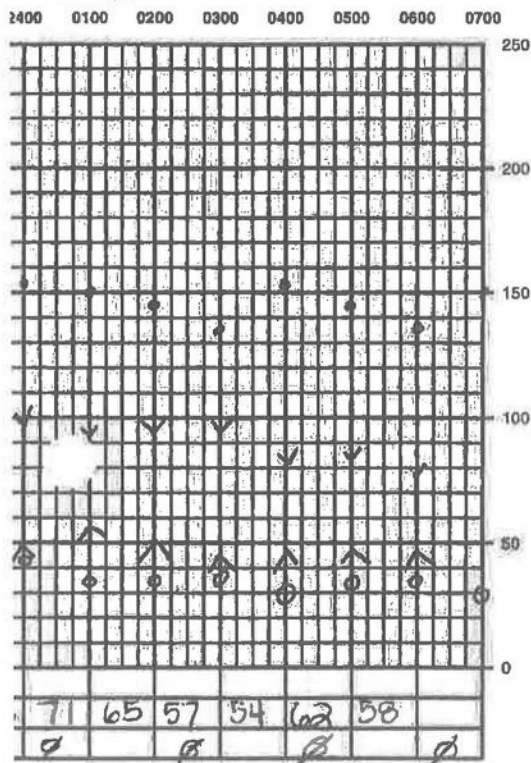
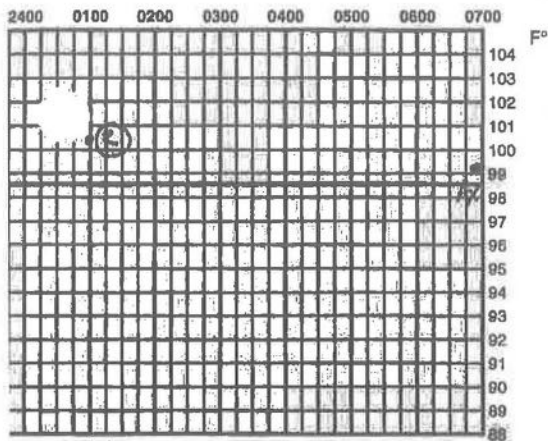
	1600	1700	1800	1900	2000	2100	2200
O ₂ Sat	100	100	100	100	100	100	100

MED0931

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet

page 1 of 4

RN KS Date 4/23/09



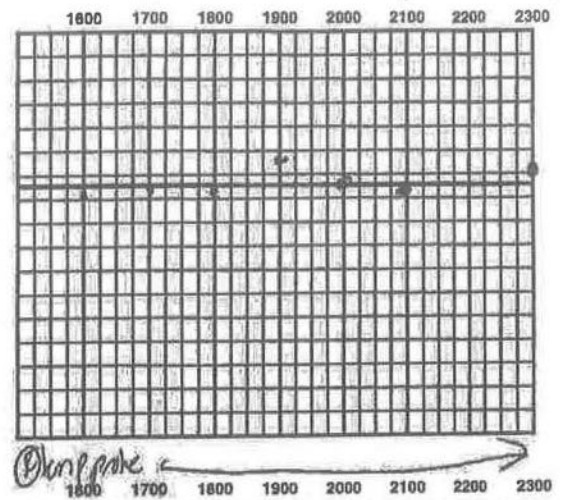
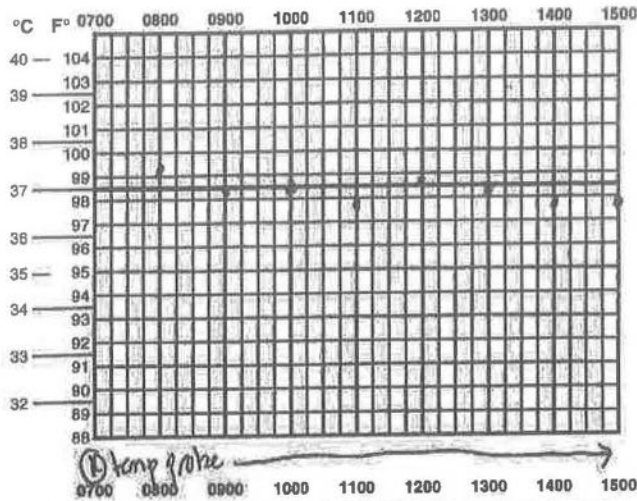
Nurses' Progress Notes

4/23/09 1400 #1 (S) Pt switched to HHNC @ 0830 of 8L to 100% & weaned to keep sats 79-90%, sats 79-90%. Pt switched d/t T was, nasal flaring mild retractions & apnea episodes lasting ~20 sec & only resolving c/sternal rub. During apnea episode, HR ↓ to 100 & BP & pulses adq. P HHNC pt was ↓, & nasal flaring/retractions. Stridor at times when agitated & s/s PRN med thin clear/white secretions. Start c/s & remarkable findings. (P) cont c HHNC & monitor for T w/stridor. —

4/23/09 Pt seizing @ change of shift & phenobarbital load in progress, p 3 doses of phenobarbital pt responded well c/s seizure activity until ~1100 c mild lip twitching & extremities twitching & cont EEG that was started @ 1000 noted seizure activity as well. Ativan admin & seizure activity stopped. Pt pupils equal & reactive & opening of eyes w/ spontaneous movement of ext. noted. Phenytoin & levetiracetam & pt only on phenobarbital as antiepileptic. (P) cont c q2c neuro v/s & monitor EEG & pt for seizure activity. *Janet Jones*

4/24/09 0430 P#1 (S) pt received on HHNC 8L @ 50% FIO2. O2 sats have been 100% all shift. O2 weaned to 30% @ 0400, sats remain 100%. Pt appears comfortable c/s ↑ WOB. RR in 30-40 breath sounds coarse bilaterally. clear frothy secretions suctioned from mouth and moderate thick white/tan secretions NT suctioned - 0 episodes of apnea overnight. (P) cont to monitor resp status closely, suction as needed. P#2 (S) pt c 2 seizures thus far this shift. The 1st lasting ~30min required ativan x2 and additional a phenobarbital dose. seizure activity began in mouth/eye area and progressed to arm and both legs. 0 Δ in v/s noted during seizure activity. p/s 2nd seizure localized to mouth and lasted ~10 min, responding to ativan x1. Pt connected to cont EEG machine. Neuro v/s Q1-2 **MED 0932**

W
N
04305493
PADM
ADM
04/20/09
M
M
FH
37373672
ACCT STRT
G
08



Admit Date

4/20/09

OR Date

Height

65 cm

Head Circ

Infants under 2 yrs

43.5 cm

Trach size

cuffed/uncuffed

3.5

Taped at

12.5 cm

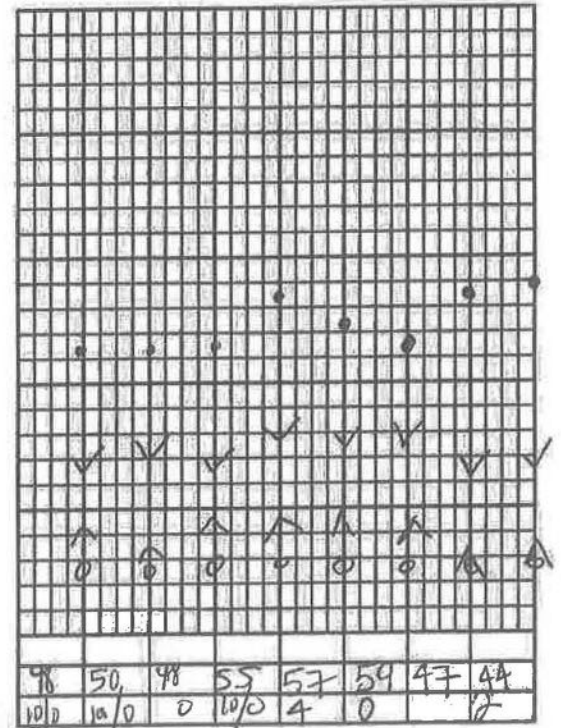
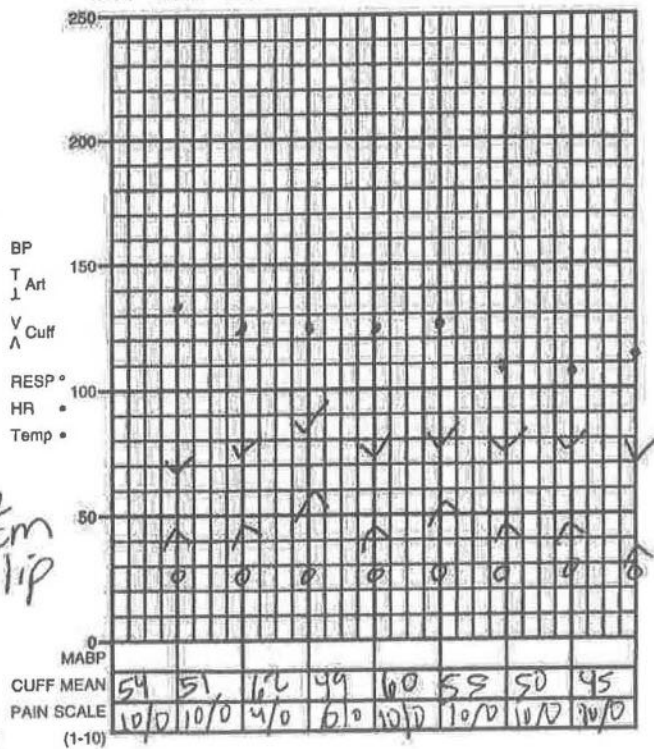
12 cm

When placed

4.24.09

Retaped on

4/25/09



NOVA HOSPITAL FOR CHILDREN
PICU Flowsheet

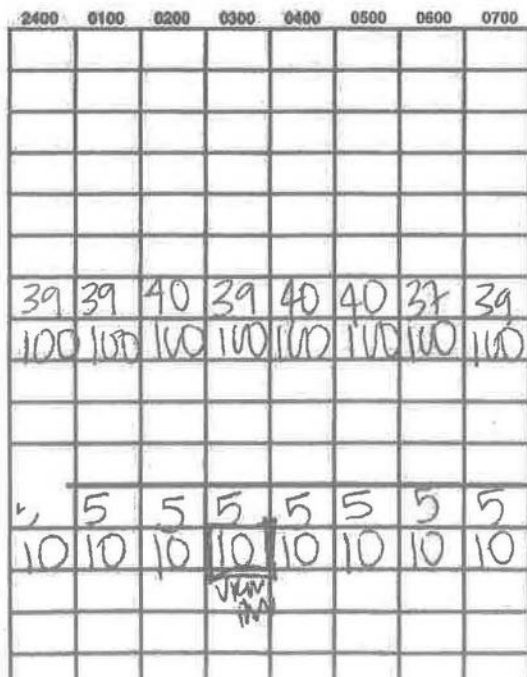
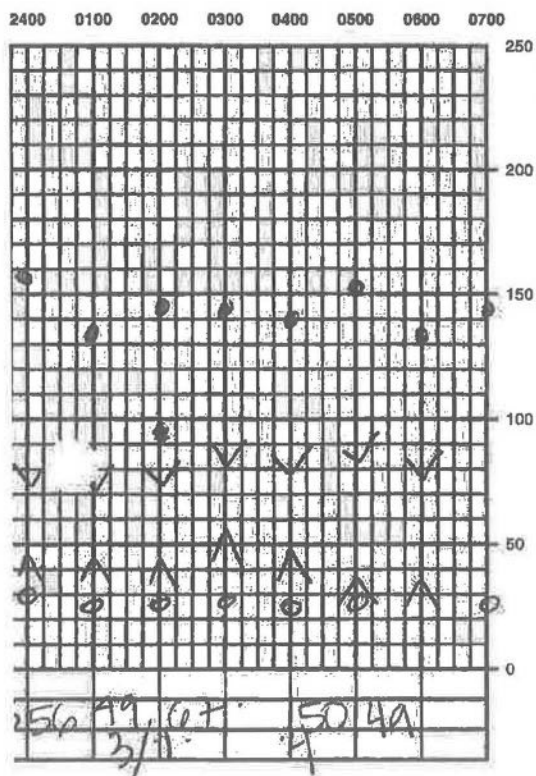
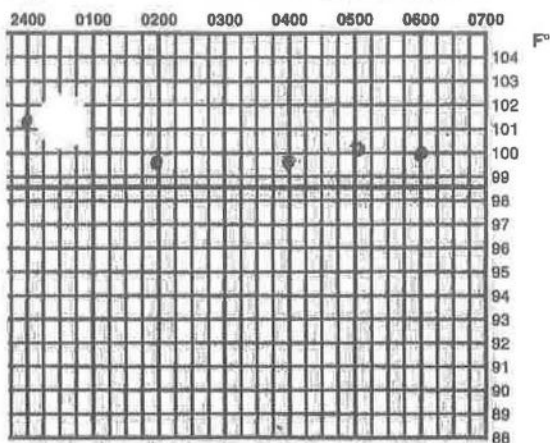
page 1 of 4

Date 4.25.09

	0800	0900	1000	1100	1200	1300	1400	1500
CVP								
LAP								
PAS								
PAD								
MPAP								
PCWP								
SVO ₂								
EtCO ₂	29	33	35	35	43	30	31	33
O ₂ Sat	100	98	96	100	100	100	100	100
ICP								
CPP								
Waved	5	5	5	5	5	5	5	5
Enteral					10	10	10	10

	1600	1700	1800	1900	2000	2100	2200
CVP							
LAP							
PAS							
PAD							
MPAP							
PCWP							
SVO ₂							
EtCO ₂	33	30	33	40	39	36	
O ₂ Sat	100	100	100	100	100	100	100
ICP							
CPP							
Waved	5	5	5	5	5	5	5
Enteral	10	10	10	10	10	10	10

MED0947



Nurses' Progress Notes

1300 - Status #1 - Remains intubated. Episode
x2 of clonus to 80's. Upon further eval - pt
noted to be (D) maintained - ET very
positional. Redressing done by RT to further
secure tube. There is also r/t forearm of
seizures, f/p s/m. Plan #1 - continue to keep
pt intubated / sedated / clonus cont. ECG for
next 24 hrs. Status #2 - Dr. Watkins in 2c.
Cont. EEG until last known seizure activity
noted. Pt opens eyes - does not track, tracking.
Mans all ext. x4 - but becomes increasingly
very rigid, unable to break tension if unseated.
pharyngeal movement noted, only brings
arms & legs in and up toward body. (D)
Cough, gas when awake. Plan #2 - Monitor EEG,
give Pentobarb for uncontrolled seizure activity.
Dr. Agnew in to see pt's family, examine
EEG update family. Status #3 - Pansies on
ventilator. Fentanyl 1gt started d/AA movements
activity. Coughs / gas uncontrollably when awake,
unable to settle & only other method. See flaccid
for dose rates / pans signs. Plan #3 - Give pans,
keep pt comfortable. JN, RN
D/C O/S / P / D's made to vent settings. Pt.
is moderate amt. secretions. Tolerating turning
from side to side. Secretions pink white
Sputum ex. sent for spike in temp. &
growth reported as preliminary. S/P 2
pt moves all extremities but moves left
side > right side. Flexes & rotates left
foot in occasional & lifts (L) arm. Pt
weakly moved right arm when drawing
tubes & flexed (D) foot for latex draw.
Pt opens eyes spontaneously but does
not track. Pupils BLSK & 2mm.
Teaser ordered to keep eyes lubricated
since pt & shutting eyes closed all
the way. Allowing pt to be "lighter"
& sedation as much as a **MED 0948**

Previous 24°

Today's Weight

Yesterday's Weight

6.8kg

PICU Flowsheet

page 1 of 4

Date 4-25-09

Assistive Devices

- T - TEDS
- A - Air Mattress
- S - Splints
- C - Compression Device

W/NO
04305493
ADM 04/20/09
4M M FH 37373672
ACCT STRT
G
08

INTAKE

	0800	0900	1000	1100	1200	1300	1400	1500	8 hr Total	1600	1700	1800	1900	2000	2100	2200
Similar	30	50	30	40	40	40	40	40	280	40	40	40	40	40	40	40
versed	5	10	11	12	13	14	15	16	16	1	1/2	1/3	1/4	1/5	1/6	1/7
N5(KVO)	2	2/4	4/8	1/2	1/6	1/20	1/24	1/28	28	4	4/8	4/12	4/16	4/20	4/24	4/28
Antemyl					1	1/2	1/3	1/4	4	1	1/2	1/3	1/4	1/5	1/6	1/7

OUTPUT

	0800	0900	1000	1100	1200	1300	1400	1500	8 hr Total	1600	1700	1800	1900	2000	2100	2200
URINE	110	130	20	60	20	70			170	85				70	84	539
STOOL/GUAC																
GASTRIC GUAC/PH																
CHEST TUBE																

PRN MEDS

	0800	0900	1000	1100	1200	1300	1400	1500	8 hr Total	1600	1700	1800	1900	2000	2100	2200
versed	2mg	2mg	2mg	3mg	3mg	2mg	3mg			3mg	3mg			3mg	3mg	3mg
Pentanyl	2mg	2mg	2mg	2mg	2mg	2mg	2mg	20mg		2mg	2mg			20mg	20mg	20mg
Dylusil																

MISC

HEPARIN FLUSH																
OXIMETRY PROBE SITE	Ad				Ad					Ad				Ad		
ACCUCHECK																
HWE/C																
PROTECTIVE SAFETY DEVICE																
CIRC CHECK																
ASSISTIVE DEVICE																

MED0949

level sent during ECG & Bld. cx. (hr
 SPIKE IN temp.). Results pending. Resident
 aware pt difficult stick & had to be
 stuck multiple times for labs. Plans to
 discuss issue during AM rounds
 @ team. Hwy. aware of LABS sent @ 3
 pt on Fraz scale & receiving font. &
 verbal pmt & in gtt. form. Pt calm/
 quiet much of night. Hwy members
 intently focused on EEG machine. Dr.
 Vish spoke @ Hwy @ beginning of shift
 per mmi's request. mm & DAD went
 home for night. While other Hwy
 members stayed @ bedside @ 015
 (015) Pt grandfather @ bedside. Came
 to get RN @ 0445 re. & "spikes" on EEG
 screen. Grandfather questioning se-
 activity. Pt quiet, calm & pupils
 equal & reactive. & se. activity visible
 @ this time. Pt @ & mmt. @ the time.
 grandfather saw "spikes" on EEG. RN
 (0610) notified. Resident of pt's phonebook.
 (0620) Ordered to hold 0600 dose @ this
 time. — D. W. W. W. W. W.
 (0620) Okay to give phenobarb
 per Dr. Vish — D. W. W. W. W. W.
 (0730)

Room Check	0700 - 1900	1900 - 0700
BAG / MASK / SUCTION / DRUG SHEET	SL	DN
SIDE RAILS / BED POSITION	SL	DN
Alarm Parameters ON	SL	DN

2 RN Signatures to
 verify IV Drip rates
 0700 @

[Signature] / [Signature]

Room Check		0700 - 1900	1900 - 0700
BAG / MASK / SUCTION / DRUG SHEET	SL	IN	
SIDE RAILS / BED POSITION	SL	IN	
Alarm Parameters ON	SL	IN	
2 RN Signatures to verify IV Drip rates			
0700	SL, IN	SL, IN	
1900	SL, IN	SL, IN	

MEDQ950

[illegible]

GLASGOW COMA SCALE		CHILD/ADOLESCENT	INFANT	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	
NEURO	EYES	4 Spontaneous		4	4	4	4	4	4	4	4	4				4		4		4	
		3 Open to Speech																			
	VERBAL	2 Open to Pain																			
		1 Remain Closed																			
		5 Oriented	Coos/Babbles														1		1	1	
	MOTOR	4 Confused	Irritable Cry														1		1	1	
		3 Words	Cries to Pain														1		1	1	
		2 Sounds Only	Moans to Pain														1		1	1	
		1 No Response																			
		6 Obeys Commands	Spontaneous Movement														6		6	6	
PUPILS	5 Localizes Pain	Withdraws to Touch														6		6	6		
	4 Withdraws	Withdraws to Pain														6		6	6		
	3 Abnormal Flexion															6		6	6		
	2 Extension	SEDATED Y / N														Y		Y	Y		
	1 No Response															Y		Y	Y		
ARMS	TOTAL															11		11	11		
	RIGHT: Size/Reaction	R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2B		2B	2B		
	LEFT: Size/Reaction	L	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2R	2B		2B	2B		
	Fontanelle: F - Flat Fu - Full B - Bulging T - Tense S - Sunken		F	F	F	F	F	F	F	F	F	F	F	F	F	FL		FL	FL		
	5 Normal	2 Does Not Break Gravity	R	5	5	5	5	5	5	5	5	5	5	5	5	2		2	2		
LEGS	4 Slightly Weak	1 Flicker	L	5	5	5	5	5	5	5	5	5	5	5	3		3	3			
	3 Breaks Gravity	0 No Motor Response	L	5	5	5	5	5	5	5	5	5	5	5	3		3	3			
	5 Normal	2 Does Not Break Gravity	R	5	5	5	5	5	5	5	5	5	5	5	3		3	3			
	4 Slightly Weak	1 Flicker	L	5	5	5	5	5	5	5	5	5	5	5	3		3	3			
	3 Breaks Gravity	0 No Motor Response	L	5	5	5	5	5	5	5	5	5	5	5	3		3	3			
PAIN SCALE	COUGH / GAG	+ OR -	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	SUCK / SWALLOW	+ OR -	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
PAIN SCALE circle method:			cries / faces / flacc / linear									cries / faces / flacc / linear									
<input type="checkbox"/> System Assessed, No Problem Identified																					
1. Respirations: <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Stridor <input type="checkbox"/> Grunting <input type="checkbox"/> Percussive																					

0500 0600 0700

Lab Values

[illegible]

Reference Range for unit based lab tests		
Accucheck: 70-100 mg/dl		
URINE DIPSTICK		
glucose	—	negative
bilirubin	—	negative
ketone	—	negative
blood	—	negative
ph	—	5.0-8.0
protein	—	neg.-trace
sp. gravity —1.001-1.035		
occult blood in stool	—	negative
occult blood in gastric content	—	negative

0400 0500 0800 0700

4	4
1 CH	1 CH
6	6
y	y
11	11
28	28
28	28
n	n
3	3
3	3
3	3
3	3
+	++
linear	linear

Hours Post Dose →							
DRUG LEVELS							

PUPIL SCALE

B = Brisk S = Sluggish N = Non-react

1 2 3 4 5 6 7 8 mm

LINEAR ANALOGUE PAIN SCALE

No Pain Excruciating Pain

0 1 2 3 4 5 6 7 8 9 10

Smiley face at 0, frowny face at 10.

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet

page 3 of 4

RN SR Date 4.25.09
RN RA

RESPIRATORY

4. Breath Sounds: Right side _____ Left side _____

1. Clear 2. Crackles 3. Inspiratory wheezes 4. Exp. wheezes 5. Rhonchi 6. Stridor
7. Diminished 8. Absent

5. Chest Tubes: Type of Device _____ CM suction _____ ☐ Water Seal
Location _____ ☐ Tiding ☐ Air leak _____ ☐ Straight Drainage
Character of Drainage ☐ Serous ☐ Sero Sanguinous ☐ Sanguinous ☐ Cloudy *N/A*

Comment _____

☐ System Assessed, No Problem IdentifiedTIME *0800* INIT *SL*

1. Heart Rhythm: ☒ NSR ☐ Sinus Brady ☐ Sinus Tachycardia
☐ SVT ☐ Ventricular Dysrhythmia ☐ Junctional/Nodal
Pacemaker: ☐ Temporary ☐ Permanent ☐ Transvenous ☐ Epicardial
☐ Transcutaneous Mode _____ Rate _____
MA: AO VO _____ Sensitivity A _____ V _____ AV Delay _____

2. Pulses: 0-Absent 1 Weak 2 Normal 3 Bounding

D-Doppler

Pulse	B	R	F	DP	PT	Carotid
R	2x	2x		2x		
L	2x	2x		2x		

CAPILLARY REFILL IN SECONDS

CFT: RUE	<i>23 sec</i>	LUE	<i>23 sec</i>
RLE	<i>23 sec</i>	LLE	<i>23 sec</i>

3. Heart Tones: ☐ Active Precordium ☒ Normal ☐ Murmur
☐ Gallup ☐ Rub ☐ Distant PMI _____

4. Edema: ☐ Generalized ☐ Extremity ☐ Sacral ☐ Periorbital
NONE

5. Vascular Catheters:

Line Type	Location	Date of Insertion	Device	Site Condition
PIV	<i>(L) wrist</i>	<i>4-22-09</i>	<i>pump</i>	<i>CO+I, Pains easy</i>
PIV	<i>(R) hand</i>	<i>4-24-09</i>	<i>pump</i>	<i>CO+I, Pains easy</i>

PA catheter _____ CM Insertion _____ CM Sheath _____

Comment _____

☐ System Assessed, No Problem IdentifiedTIME *0800* INIT *SL*

1. Skin Turgor: ☐ Poor ☐ Tent *Beckare*
2. Skin Temperature: ☒ Cool *slight* ☐ Clammy ☐ Diaphoretic ☒ Warm ☐ Hot
3. Skin Color: ☒ Pale ☐ Mottled ☐ Cyanotic ☐ Jaundiced ☐ Pink ☐ Red/Flushed

BRADEN SCALE:

4. Rash/Lesions: Location / Type _____
5. Pressure Ulcers: Site _____ Site in cm _____
Stage: ☐ Red Area ☐ I Partial Thickness ☐ II Full Thickness ☐ Penetration to Muscle

Total Score: _____

15 - 16	Low Risk
12 - 14	Mod Risk
≤ 11	Hi Risk

Incision/Wounds/Drains:

location / Condition:

Comment _____

INTEGUMENTARY

☐ System Assessed, No Problem IdentifiedTIME *0800* INIT *SL*

1. Abdominal Palpitation: ☒ Soft ☐ Firm ☐ Distended ☐ Tender ☐ Rigid ☐ Girth _____
2. Bowel Sounds: ☒ Active ☐ Hyperactive ☐ Hypoactive ☐ Absent
3. Gastric Tube: Type *MD* Size _____ Measures (cm) *40 cm* ☐ To suction ☐ To gravity drainage ☐ Feeding (Intermittent/continuous)
Type _____ Size _____ Measures (cm) _____ ☐ To suction ☐ To gravity drainage ☐ Feeding (Intermittent/continuous)
drainage: color _____ g/acc _____
4. Urine Catheter: ☐ External ☐ Suprapubic ☐ Indwelling size _____ Date inserted _____
color _____ ☐ Cloudy ☐ Sediment ☐ Fruity Smell ☐ Foul Smell

Comment _____

discreet for urine / stool

GI / GU

MED0953

Preventive Services		High Falls Precautions	
Seizure Precautions			
HYGIENE: Bath			
Oral Hygiene		SK	
Peri / Foley Care		SK	
Skin Care		SK	
Gastric Tube Care			
Feeding Bag Rinsed / Changed		SK	
Trach Care / Trach Changed			
Cervical Collar Site Care			
Line Tubing Changed / Injection Cap Changed			
Carrier System Changed			
IV Started / Location			
PREP for test or procedure			
x ray			
other			
NURSING CARE > 16 hrs day			

MED0954

G 08
FH 37373672
ACCT STRT
4M M
ADM 04/20/09
PADM 04305493



Admit Date

4/20/09

OR Date

Height

45cm

Head Circ

43.5mm

Infants under 2 yrs

Trach size

3.5

Cuffed/uncuffed

Taped at

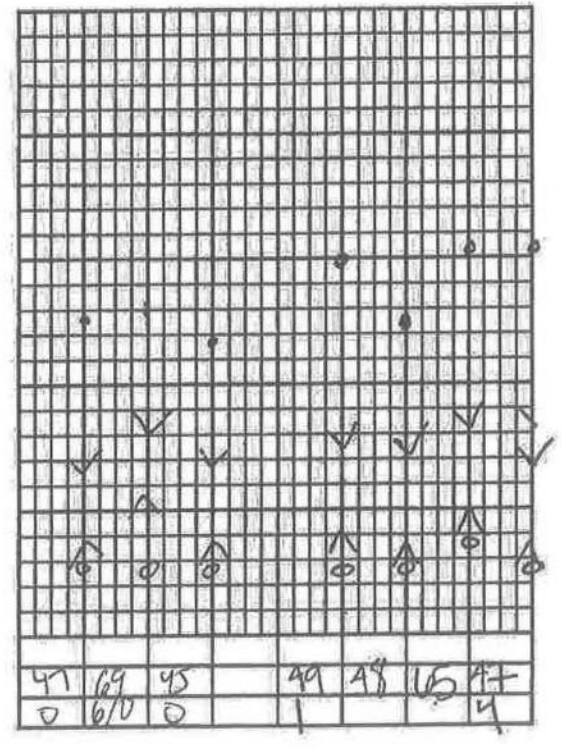
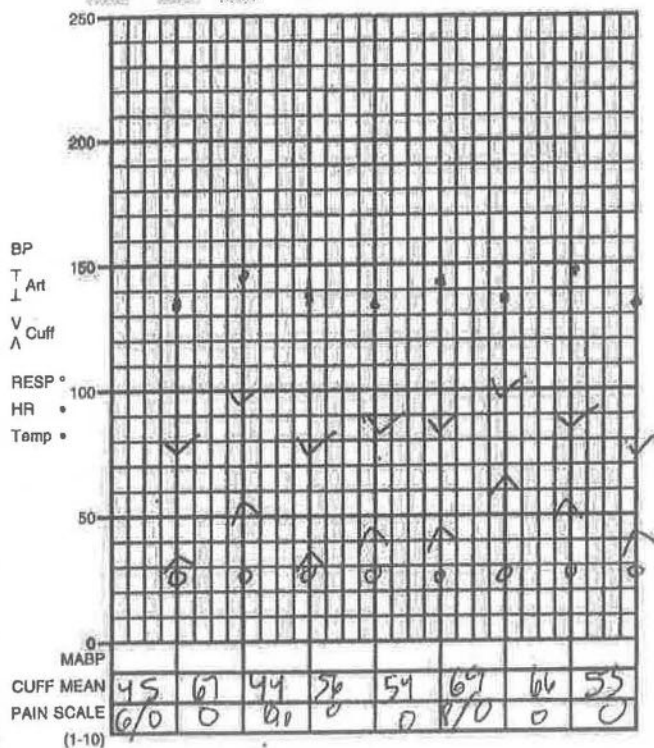
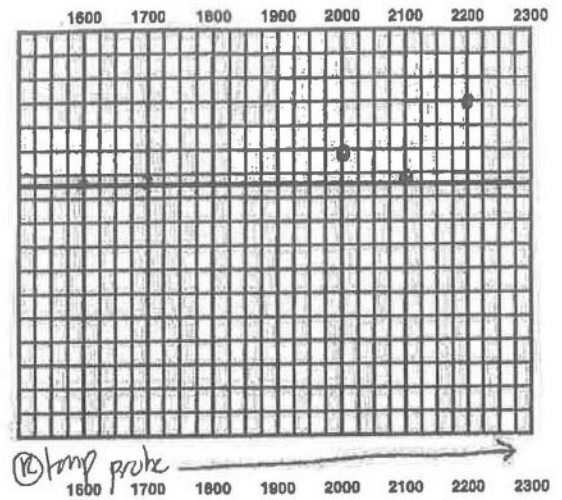
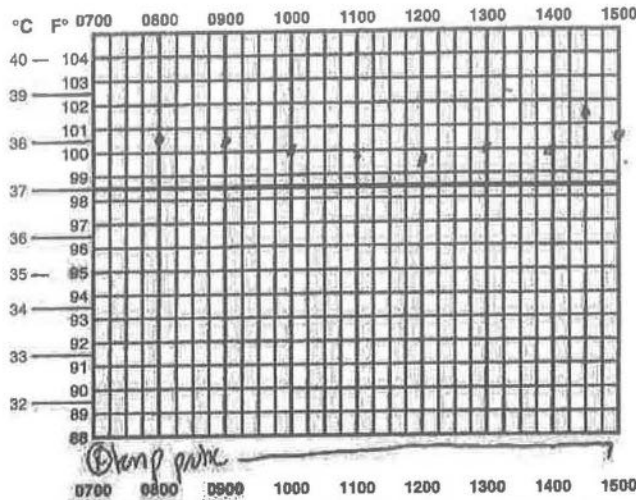
12 @ lip

When placed

4/24/09

Retaped on

4/25/09



	0800	0900	1000	1100	1200	1300	1400	1500
CVP								
LAP								
PAB								
PAD								
MPAP								
PCWP								
SVO ₂								
EtCO ₂	38	48	38	45	40	43	40	39
O ₂ Sat	100	100	100	100	100	100	100	100
ICP								
CPP								
Enter	10	10	10	10	10	10	10	10
Vesic	5	5	5	5	4	4	4	4

	1600	1700	1800	1900	2000	2100	2200
39	44	36		44	39	49	
100	100	100		100	100	100	
10	10	10	10	10	10	10	10
4	4	4	4	4	4	4	4

MED0955

INOVA HOSPITAL FOR CHILDREN
PICU Flowsheet

page 1 of 4

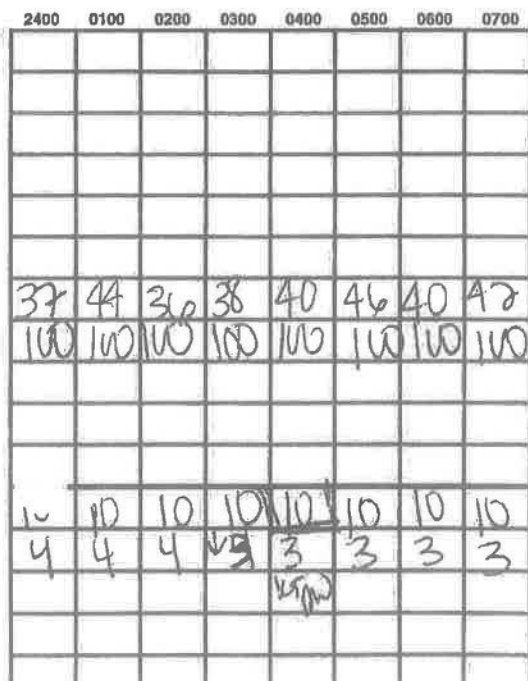
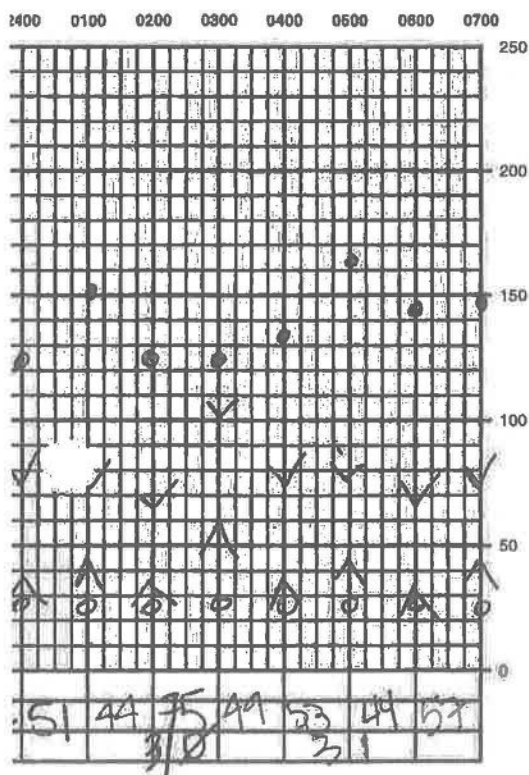
RN

RN

SN

Date

4/26/09



1400 - Status #1 - Remains on vent. & changes made today. Tired Q2-2: Tolerating ET 102 30's to mid-40's. Plan #1 - 5 hr pm. Possible extubation tomorrow. CXR in AM. Continue to tm Q2: Status #2 - Neuro v Q2: St. stable - 101.3 @, Dr. Asensal care & ϕ Further tests done. Opens eyes spontaneously & movements of extremities x4, & purposeful movement noted. Unclear if weakness/less movement on one side or the other d/t sedation & this time. EEG continues, Dr. Hekkinis in in AM, to speak & family. Inferred of EEG results. Family instructed & obs over EEG. Mom, Dad, Mothers, Paternal Grandparents have all been taking shifts to monitor EEG through day/night, every four hrs. Dr. Asensal in 2c family, told them that nothing good would come over any of the monitoring the EEG so closely. Dr. Krenin to see mom on Mon. Mom & sleeping, back resting. Temp given for 4 temp. Plan #2 - Continue to monitor neuro status. Cont. EEG. Monitor closely for any signs of septic activity. Status #3 - Remains on vent. Vessel gts. Vessel ght & id on a dual. Chlorsal Hydral started to help keep pt more comfortable during but vessel work toward extubation. For Fludacel for disc. Arter/veins. PNO given for discomfort movement & coughing & gagging, 4 HR, bp & activity. Plan #3 - When feet/vessel gts are worked. Continue to give chlorsal hydral, not feet/vein as needed. Keep pt comfortable, resting.

(0415) SPI & A's made to vent settings. Pt
intermittent burning. SXNING mod. amt. Scurching,
white/thin. Cxr ordered for MFD 0956

D = mg/kg
Previous 24°

1064
758 (1306 cc)

Today's Weight

Yesterday's Weight
6.8 kg

NOVA HOSPITAL FOR CHILDREN
PICU Flowsheet
page 1 of 4

RN NS
Date 4/26/09

Assistive Devices

- T - TEDS
- A - Air Mattress
- S - Splints
- C - Compression Device

08
G
FH 37373672
ACCT STRT
ADM 04/20/09
PADM
04305493
CAT #81213 / Rb-01 • PKGS

	0800	0900	1000	1100	1200	1300	1400	1500	8 hr Total	1600	1700	1800	1900	2000	2100	2200
Enteral	1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	8	1	1/2	1/3	1/4	1/5	1/6	1/7
Verbal	1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
NS carrier	2	2/4	2/6	2/8	2/10	2/12	2/14	2/16	16	2	2/4	2/6	2/8	2/10	2/12	2/14
Similac 20kcal	40	40	40	40	40	40	40	40	320	40	40	40	40	40	40	40
TOTAL INTAKE >									320	TOTAL INTAKE >						
URINE	80		90		50				170	98						
STOOL/GUAC										25						
GASTRIC GUAC/PH										20						
CHEST TUBE																
TOTAL OUTPUT >									170	TOTAL OUTPUT >						
Enteral	400		1720		1510				170	170						
Verbal	300		1720		1510				170	170						
Tylenol																
Chloral Hydrate																
Glycine																
HEPARIN FLUSH																
OXIMETRY PROBE SITE																
ACCUCHECK																
HWE/C																
PROTECTIVE SAFETY DEVICE																
CIRC CHECK																
ASSISTIVE DEVICE																

MED0957

ptal	2400	0100	0200	0300	0400	0500	0600	0700	8 hr Total
1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	8	
0.8	0.8	0.6	0.4	0.3	0.2	0.1	0.1	0.6	5.8
	2/4	2/6	2/8	2/10	2/12	2/14	2/16	16	
0.40	40	40	40	40	40	40	40	320	
	80	120	160	200	240	280	320		

have been @ bedside all night. Friends & family are continuing to "document" all meds given & watching EEO for mom. Dad's friend set up video camera @ foot of bed so dad can see pt. since he has to return to work today. Tylenol given x 2 for a temp. S/P3 Add'l doses of Fentanyl & Versed given for pt awareness & coughing against vent. It calms appropriately. Versed att to 3mg/10 per orders. Continuing to give Phloral hydrate. Scheduled. m

TOTAL INTAKE >									350
2400	0100	0200	0300	0400	0500	0600	0700		

1	1A		118	82	82	82	82	254	1020
---	----	--	-----	----	----	----	----	-----	------

12870

24°

TOTAL OUTPUT >									254
2400	0100	0200	0300	0400	0500	0600	0700		

0115	0200	0300	0400	0500	0600	0700	0800	0900	1000
20mg	20mg	20mg	20mg	20mg	20mg	20mg	20mg	20mg	20mg
3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg	3mg

Room Check	0700 - 1900	1900 - 0700
BAG / MASK / SUCTION / DRUG SHEET	SK	DW
SIDE RAILS / BED POSITION	SK	DW
Alarm Parameters ON	SK	DW
2 RN Signatures to verify IV Drip rates		
0700		
1900		

MED0958

		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200
VENTILATION	O ₂ SOURCE	SCND																		
	FIO ₂	.30																		
	MODE	PRVC																		
	RATE (IMV)	28																		
	TV	70																		
	PIP	5																		
	PS																			
	SeO ₂ (PULSE OX)																			
	ETCO ₂																			
	pH																			
	PCO ₂																			
	PO ₂																			
	HCO ₂																			
	BE																			
	Art O ₂ Sat (calc)																			
Art O ₂ Sat (dir.)																				
VEN O ₂ Sat (dir.)																				
NEB/CPT																				
SUCTION	<div style="display: flex; justify-content: space-around;"> ✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓ </div>																			

		CHILD/ADOLESCENT	INFANT	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400		
GLASGOW COMA SCALE	EYES	4 Spontaneous 3 Open to Speech 2 Open to Pain 1 Remain Closed		4	4	4	4	4	4	4	4	4	4	4	1	3	4	4	4	4		
	VERBAL	5 Oriented 4 Confused 3 Words 2 Sounds Only 1 No Response	Coos/Babbles Irritable Cry Cries to Pain Moans to Pain	1 (M)	1 (M)	1 (M)	1 (M)	1 (M)	1 (M)	1 (M)	1 (M)	1 (M)	1 (M)	1 (M)	OH	OH	OH	OH	OH	OH		
	MOTOR	6 Obeys Commands 5 Localizes Pain 4 Withdraws 3 Abnormal Flexion 2 Extension 1 No Response	Spontaneous Movement Withdraws to Touch Withdraws to Pain SEDATED Y/N	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6		
	TOTAL			11 (M)	11 (M)	11 (M)	11 (M)	11 (M)	11 (M)	11 (M)	11 (M)	11 (M)	11 (M)	11 (M)	8	10	11	11	11	11		
	PUPILS	RIGHT: Size/Reaction LEFT: Size/Reaction	R L	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B	2B 2B		
	Fontanelle: FI - Flat Fu - Full B - Bulging T - Tense S - Sunken			FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI		
	ARMS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4	4 3	4 4	4 4	4 3	4 3	4 3	4 3	4 3	4 3	4 3	4 3	4 3	4 3	4 3	4 3		
	LEGS	5 Normal 4 Slightly Weak 3 Breaks Gravity	2 Does Not Break Gravity 1 Flicker 0 No Motor Response	R L	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4		
	COUGH / GAG		+ OR -	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
	SUCK / SWALLOW		+ OR -	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
PAIN SCALE circle method:			cries / faces / flacc / linear										cries / faces / flacc / linear									
<input type="checkbox"/> System Assessed, No Problem Identified																						
1. Respirations: <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Grunting <input type="checkbox"/> Periodic																						

MED0959